

## Limited Liability Company Member, Manager, and/or Appointed Officer Change

| DMV USE ONLY |
|--------------|
| OL NUMBER    |
| NAME         |

**Instructions:** Type or print clearly in black ink. The following items are required to remove, add, or report member/manager title changes:

1. Completed application for Limited Liability Company Member, Manager, and/or Appointed Officer Change, OL 15A
2. Excluding title changes, all persons listed in Section B must furnish:
  - Personal History Questionnaire, OL 29
  - Appointment of Director as Agent for Service of Process, ADM 9050
  - Request for Live Scan Service (receipt), DMV 8016 **or** Fingerprint Card, ADM 1316 (out-of-state applicants only) plus \$42 fingerprint processing fee for each person
3. Copy of Limited Liability Company Statement of Information, LLC-12 stamped by the California Secretary of State's Office
4. Submit completed OL 15A, fees, and additional forms (if applicable) to your local Inspector

**NOTE:** If the member or manager is a corporation, list the corporation name, indicate if the corporation is the member or manager, followed by the true full name of the officer appointed or authorized to represent the corporation in the direction, control, and management of the affairs of this licensed entity.

I \_\_\_\_\_ do hereby certify that  
 MEMBER OR MANAGER

\_\_\_\_\_ is a Limited Liability Company in the State of  
 LIMITED LIABILITY COMPANY NAME

\_\_\_\_\_, and is authorized by the California Secretary of State, to transact

business in California. Our Limited Liability Company number is \_\_\_\_\_, and our

California State Board of Equalization Seller's Permit number is \_\_\_\_\_.

### SECTION A — REMOVE MEMBER(S), MANAGER(S), AND/OR APPOINTED OFFICER(S) FROM RECORDS

I further certify, that the following member(s), manager(s), and/or appointed officer(s) participating in the direction, control and management of the affairs of the licensed entity in this state have resigned, have been removed as members, managers, and/or appointed officer(s) or are deceased.

| TRUE FULL NAME/CORPORATE NAME | MEMBER, MANAGER, AND/OR APPOINTED OFFICER | EFFECTIVE DATE |
|-------------------------------|---|----------------|
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### SECTION B — ADD MEMBER(S), MANAGER(S), AND/OR APPOINTED OFFICER(S) TO RECORD

I further certify, that the following member(s), manager(s), and/or appointed officer(s) participating in the direction, control and management of the affairs of the licensed entity in this state have been appointed or changed titles.

| TRUE FULL NAME | MEMBER, MANAGER, AND/OR APPOINTED OFFICER | EFFECTIVE DATE |
|----------------|---|----------------|
|                |   |                |
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